

# News from NINR

## Twenty years of outstanding science: An update from NINR

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In 1986, Ronald Reagan was president, Elie Wiesel won the Nobel Peace Prize, *The Cosby Show* was the top television program, and the National Center for Nursing Research, the precursor to the National Institute of Nursing Research (NINR), came into being on the campus of the National Institutes of Health (NIH). Beginning this October, concurrent with the Council for the Advancement of Nursing Science (CANS) conference in Washington, DC, NINR will kick off a year-long celebration leading into our 20th anniversary in 2006.

We have a lot to celebrate. Although we are the second-youngest Institute on the NIH campus, we have earned a place within one of the world's most pre-eminent research organizations. Our work has increased the science base of nursing practice and helped to solidify the respect for and progress of the nursing profession. For our anniversary celebration, we will highlight the research success stories that have contributed to the establishment and growth of NINR and the increasing role that nursing research plays in the health of the nation.

The recent work of nurse researchers has shown that:

- transitional care for elders with chronic health conditions improves patient outcomes after discharge from the hospital with a lower total cost of care,
- coping skills training helps diabetic teens manage their disease,
- the early signs of coronary heart disease and the acute symptoms of an impending heart attack differ between women and men,
- the use of relaxation and imagery helps children undergoing a tonsillectomy decrease their post-operative pain, distress, and anxiety,
- home visits by nurses for adolescent Latina mothers benefit both infant health and maternal well-being,
- a home-based behavioral management intervention helps elderly rural women decrease their urinary incontinence,
- for patients at the end of life, hospice care and advance directives reduce the number of deaths

occurring in hospitals, but they do not assure adequate palliative care or support for families.

Many of these findings build upon programs of research that extend back to the early years of NINR and emphasize our central research themes of symptom management and improving quality of life.

### Recent Activities at NINR

For NINR, 2004 was a busy and productive year, as we spearheaded workshops on Increasing Opportunities in Biobehavioral Research, Integrating Cost Effectiveness Analysis in Research, and End-of-Life and Palliative Care. We were a major sponsor of the NIH State of the Science Conference on Improving End-of-Life Care, which attracted nearly a thousand participants. Executive summaries of these meetings are available on the NINR Web site (<http://ninr.nih.gov/ninr/>).

NINR was closely involved with the 2004 National Congress on the State of the Science in Nursing Research. This meeting in downtown Washington, DC, brought together over 600 prominent nursing leaders and scientists, and included formal presentations, informal talks, and several poster sessions that highlighted the strength and the breadth of nursing research. Media coverage of this event was provided by the *American Journal of Nursing*, and reports and papers arising from the presentations have been published in their recent issues. On the evening before the start of the Congress, NIH Director Dr. Elias Zerhouni spoke at the annual Nightingale on "Nursing Research: The Profession's Commitment to the Public Trust." This event was enjoyed by a record 1,200 attendees.

It is also a pleasure for me to recognize some of the achievements of our funded investigators. Dr. Victoria Champion received the 2004 Pathfinder Distinguished Researcher award from the Friends of NINR for her work with women and mammography screening. Also, Dr. Linda Aiken, director of the Center for Health Outcomes and Policy Research at the University of Pennsylvania, was ranked #10 among *Modern Healthcare's* Top 100 most powerful people in health care for her work on nurse staffing, patient safety, and quality of care. As Dr. Aiken says, "Our research has fundamentally changed the way people are thinking about the nursing shortage and its consequences."

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## The NINR Division of Intramural Research

Exciting new changes are happening within NINR's Division of Intramural Research (DIR). Most of the research that NINR funds is conducted extramurally, at nursing schools and institutions across the country. However, over the last 2–3 years we have intensified our work to build a campus-based research program, to help our scientific community take full advantage of the resources, infrastructure, and mentoring opportunities available at NIH. Our new Symptom Management Laboratory, located in the recently opened Mark O. Hatfield Clinical Research Center, works to advance the science of symptom management through basic, clinical, and translational research. Current programs of research are focused in 2 major areas: cachexia and oral mucosal injury.

To increase opportunities for research training, the DIR has also launched a new pilot program, the Graduate Partnership Program (GPP) in Biobehavioral Research. The goal of this GPP is to develop partnerships between a consortium of university schools of nursing and the intramural NIH programs. Research opportunities are available within many NIH Institutes to provide cutting-edge research training for outstanding doctoral students in symptom management, genetics, and end-of-life and palliative care, with a range of approaches from basic bench science to clinical trials with patients.

The sixth Summer Genetics Institute (SGI) will be held on the NIH campus this year. The SGI continues to attract a highly motivated talent pool, and our SGI graduates have gone on to a high rate of success in their professional lives. We are also updating the on-line training program in grantsmanship for nurse scientists. For more information on these programs, please visit the new DIR Web site (<http://ninr.nih.gov/research/>), or link to it from the main NINR Web site.

## The NIH Roadmap and Public Trust Initiative

The NIH Roadmap, announced by Dr. Zerhouni in 2003 (<http://nihroadmap.nih.gov/>), has passed the 1-year mark, and NINR is taking an active role. Based on the idea that bringing new disciplines together holds the best promise of opening up new and currently unimagined scientific avenues of inquiry, the Roadmap is a framework of priorities that NIH as a whole must address in order to optimize its entire research portfolio. Under the Roadmap theme of Research Teams for the Future, I am co-chairing the working group committee on Interdisciplinary Research. Planning for interdisciplinary research requires changes in all aspects of science conduct and support, including the training of investigators and development of new research methodologies. In an effort to lower institutional barriers that impede research progress, and to challenge individual disciplines to provide new ways of

solving complex problems in the biomedical sciences, NIH is funding a number of new training fellowships and Exploratory Centers for Interdisciplinary Research. One of these centers was awarded to the Columbia University School of Nursing, with NINR grantee Dr. Elaine Larson as the principal investigator to support her interdisciplinary research on antimicrobial resistance.

In addition to this work, I continue to co-chair the NIH Public Trust Initiative (PTI). The goal of the PTI is to improve the public's health by promoting trust in biomedical and behavioral research. In public opinion polls, nurses are repeatedly named the most trusted health professionals, so this is a good fit for us.

A recent survey by Research!America found that almost 60% of respondents think that taxpayers pay for most of the medical research done in this country. However, < 5% could name NIH as the primary agency of taxpayer-funded medical research, and > 80% did not know which agency manages these funds. This indicates that many people are not aware of the function of NIH or its 27 individual Institutes and Centers. While we at NIH cannot control the perceptions about research, we can improve how we communicate and interact with the public by translating research knowledge into practice and disseminating findings through the Internet and other vehicles, as a way for the public to learn and care about the work of NINR and NIH.

## The FY 2005 NINR Budget

The bill signed by the president in December 2004 provides NINR with a 2.5% increase in our budget for fiscal year 2005, bringing our total appropriation to just over \$138 million. Similar to past years, > 75% of the budget is devoted to funding research grants, and 7% goes toward research training. However, due to a continued increase in research grant applications, our success rate in 2004, the percentage of applications that we can fund, was around 21%, as compared to the 2004 NIH average of 25%. While NIH funding remains a very competitive process, we are always looking for the best ways to leverage our funds and support the best science.

## Conclusion

Recall that the initial NCNR budget in 1986 was around \$16 million. Since then, we have experienced a substantial growth in our budget and in the research projects we are able to fund. As we look back over these last 20 years and review what this growth has brought, we find that the components of significant scientific advances have come together in innovative and unexpected ways to change nursing and health care practice. The 20th anniversary presents a time to reflect back and share these stories of research progress, to increase the awareness of our accomplishments and to ground our thinking as we launch nursing research forward into the next 20 years.